

Entered - 06/22/00 - sb
CL 00L0391 - GWENDOLYN BURNS

00-*R*-1909

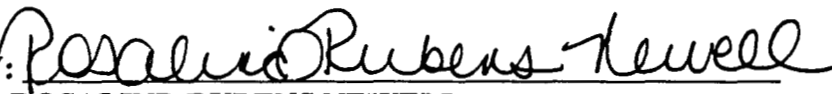
**CLAIM OF: ACCEPTANCE INSURANCE AS
SUBROGEE OF EARL W. TUCKER
P.O. Box 23410
Nashville, TN 37202**

For damages alleged to have been sustained as a result of a vehicular accident on June 3, 2000 at 55 Peachtree Street, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ACCEPTANCE INSURANCE AS SUBROGEE OF EARL W. TUCKER** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on June 3, 2000 at 55 Peachtree Street, NE., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

**APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY**

BY: 
**ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0391

Date: November 16, 2000

Claimant /Victim EARL W. TUCKER
 BY: (Atty) (Ins. Co.) ACCEPTANCE INSURANCE COMPANY
 Address: P.O. Box 23410, Nashville, TN 37202
 Subrogation: Claim for Property damage \$ 5,282.71 Bodily Injury \$
 Date of Notice: 6/13/00 Method: Written, Proper X Improper
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 6/3/00 Place: 55 Peachtree Street, NE
 Department PUBLIC WORKS Division Solid Waste Services
 Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant's vehicle sustained damage when a city vehicle, while in the process of being towed, rolled into it.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
 Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01
 Claims Manager: [Signature] Concur/date 11-17-02
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

TODAY'S DATE: 6/13/00

ENTERED - 6-22-00 - SB

00L0391 - GWEN BURNS

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$5383.77 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 6/13/00 (month/day/year)
2. Police called (yes) (No)
3. Location of incident: CORNER OF ALABAMA & PEACHTREE DOWNTOWN ATLANTA GA
4. Name of your insurance company Chicago Insurance Co Policy # UPCF 66637
5. State what and how incident occurred: Sanitation vehicle was in preparation to be towed when somehow it came loose and rolled into the passenger side of my vehicle.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: Ford 96 DEALER EARL W. TUCKER
(make) (year) (tag#) (driver's name)

City vehicle: 96 MADVAC unoccupied SWS C. of ATL.
(make) (driver's name) (department)

8. Witness: Moni Kar Hart 2438 2ND ST ATL GA 404/830-1940
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

EARL W. TUCKER (SEAL)
(claimant)
2438 SECOND ST NW
(address)
ATLANTA GA 30318
(city) (state) (zip)
(404) 794-8740 (404) 276-8740
(home) (phone) (work)

06-13-00 11:20 PM

REV 2/84 JWP

Notary Public, Fulton County, Georgia
My Commission Expires December 29, 2001

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0391

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100
 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,
I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,
its officers and employees, from any and all claims, demands, actions, causes of action, suits, damages, loss and
expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly
for or on account of a vehicular accident
which occurred on or about the 3rd day of June, 2000,
at or near 55 Peachtree Street, NE

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 13th day of Nov., 20 00

Renee Thomas (LS)
ACCEPTANCE INSURANCE AS SUBROGEE OF EARL
W. TUCKER

Renee Thomas (LS)

The above release was read and explained to, and signed by the said Acceptance Insurance
as Subrogee of Earl W. Tucker in our presence on the date above written.

Emily Samuels
Michael Fayle
WITNESSES

00-R -1909